

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012754

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

2854

MAR 26 1962

C#1547788 SL 241071003

VS 300  
Rev. 4/59

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240103

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1283-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN ST. LOUIS, MISSOURI

Length of stay in 1b

19 DAYS

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

VAH, ST. LOUIS, MISSOURI

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐

c. CITY

OR  
TOWN BERKLEY

d. STREET

ADDRESS  
6037 BROWNLEIGH DRIVE

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

JAMES

Middle

A.

Last

HARVEY

4. DATE

Month

MARCH

Day

12

Year

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒Widowed ☐Never Married ☐Divorced ☐

8. DATE OF BIRTH

1-4-98

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

-----

11. BIRTHPLACE (City and state or country)

WHEATLAND INDIANA

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

WILLIAM S. HARVEY

13b. MOTHER'S MAIDEN NAME

OLIVE MATTERSON

14. NAME OF HUSBAND OR WIFE

BERTHA HARVEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WW I

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

VIRGIL HARVEY SEE 2D

Address

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PULMONARY EMPHYSEMA

INTERVAL BETWEEN ONSET AND DEATH

1 HOUR

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

MYOCARDIAL ISCHEMIA

DUE TO (c)

4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

BRONCHOPNEUMONIA

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

VA

2/21/62

20f. CITY, TOWN, OR LOCATION

3/12/62

COUNTY

STATE

21. attended the deceased from

8:15

P

and last saw him alive on

3/12/62

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

JAMES M. TOOMEY

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

3/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

3-15-62

23c. NAME OF CEMETERY OR CREMATORY

Flora, Ill.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Branson Funeral Home, Flora, Ill.

25. DATE RECD. BY LOCAL REG.

MAR 14 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.